



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	DCL-05
Name of provider:	Dara Residential Services
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	04 December 2024
Centre ID:	OSV-0005869
Fieldwork ID:	MON-0036868

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

DCL-05 is a community based home providing residential care for four residents both male and female aged 18 years or older. The aim of the provider is to support residents to achieve a good quality of life, develop and maintain social roles and relationships and realise their goals to live the life of their choice. Residents with an intellectual disability and low to medium support needs can be supported in the centre. The designated centre is based in a large town in Co. Kildare close to a variety of local amenities. There are good public transport links and residents also have access to the centre's vehicle should they require it. The premises consists of five bedrooms, a sitting room, a kitchen come dining room, two bathrooms and front and back garden. Residents are supported to attend day programmes with other specialist service providers where they are supported to avail of training and employment options. They are supported by a core staff team of support workers and are led by the Team Leader and Person In Charge. Staffing is arranged based on residents' needs and individual support hours are allocated to people as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 4 December 2024	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed and what residents told the inspector, it was evident that the four residents living in the centre received quality care in which their independence was promoted. Appropriate governance and management systems were in place which ensured that appropriate monitoring of the services provided was completed in line with the requirements of the regulations. There were worn surfaces in a number of areas in the kitchen but a new kitchen was ordered which it was proposed would be installed early in the new year.

The centre comprised of a two storey, five bed-roomed house. It was in a quiet residential area in a town in county Kildare and within walking distance of a range of local amenities. The centre was registered to accommodate four adult residents and there were no vacancies at the time of inspection. The majority of residents required low levels of support with their activities of daily living and were independent in many aspects of their day.

The inspector met with each of the four residents living in the centre. Three of the residents communicated verbally, while one resident used a combination of vocalisations, body language and facial expressions to communicate. Each of the residents indicated to the inspector that they were very happy living in the centre, The residents told the inspector about the many activities they were involved with within the local community which included work experience in a local pub, meals out, shows, yoga, cinema and bowling. One of the residents spoke of their involvement with a national advocacy group, an advocacy group within the service and an inclusive subcommittee to the provider's board.

Warm interactions between the resident and staff members caring for them was observed on the day of inspection with lots of conversations on various topics, such as Christmas shopping lists and activities planned over the festive season. It was evident that the residents had a close bond with the person in charge and staff on duty and with the other residents living in the centre. The residents individually told the inspector that the other residents were their friends who they enjoyed spending time with in the centre and out in the community.

The centre was found to be comfortable, homely and overall in a good state of repair. Framed art work completed by one of the residents was on display. Each of the residents had their own bedroom which had been personalised to the individual resident's tastes and was a suitable size and layout for the resident's individual needs. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences. One of the bedrooms had an en-suite facility. There was also a down stairs shower room for use by the other residents. Pictures of each resident and important people in their lives and other memorabilia were on display. There was a nice sized garden to the rear of the centre. This included some planted areas and a dining table and chairs for outdoor dining.

There was evidence that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. The inspector did not have an opportunity to meet with the relatives of any of the residents but it was reported that they were happy with the care and support that the residents received. The provider had completed a survey with the residents and their relatives as part of their annual review which indicated that residents and family representatives were satisfied with the care and support being provided. Each of the residents completed an office of the chief inspector questionnaire and the responses given indicated that the residents felt their rights were upheld in the centre.

There was an atmosphere of friendliness in the centre. It was evident that the four residents living in the house were all friends who enjoyed each others company and chose to engage in numerous activities together. The house had been decorated tastefully for Christmas with a full size tree in the sitting room and various ornaments and decorations in each of the main communal areas. There was a guitar in the sitting room and two of the residents told the inspector that one of the residents was a talented guitar player and that all four residents enjoyed listening to the resident playing the guitar and having a sing song together. The provider had a Rights coordinator within the service and information on residents rights was available for residents. Staff were observed to interact with the residents in a respectful and supportive manner. For example, knocking and seeking permission to enter the residents bedroom. Two of the residents were engaged with the providers advocacy committee.

Residents were supported to engage in meaningful activities on an individual basis. Three of the four residents were engaged with a formal day service programme on a sessional basis. The fourth resident had made a decision not to return to attend their day service programme post the COVID-19 pandemic but through review of daily notes it was evident that this resident was engaged in a wide range of activities. One of the residents had paid employment within the community. Examples of activities that residents engaged in included, cooking, walks to local scenic areas, yoga and exercise classes, family home visits, dining out, playing pool, cycling, pampering sessions and listening to music. The centre had its own car which was used by staff to drive residents to various activities and outings. In addition, the centre was located within walking distance of a range of local amenities. Two of the residents were involved in an advocacy group and had also completed work with the provider on easy to work documents and videos for use across the organisation.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to each resident's needs.

The centre was managed by a suitably qualified and experienced person. She had recently taken up the post and presented with a strong knowledge of the assessed needs and support requirements for each resident. The person in charge held a degree in social studies and social care and a certificate in management. She had more than 10 years management experience. She was in a full time position and was not responsible for any other designated centre. She was supported by a team leader in this centre. The person in charge reported that she felt supported in her role and had regular formal and informal contact with her manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the director of administration who in turn reported to the chief executive officer. The person in charge and director of administration held formal meetings on a regular basis.

The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations. A number of other audits and checks were also completed on a regular basis. Examples of these included, health and safety checks, fire safety, medication, infection control and finance. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to have the right skills and experience to meet the assessed needs of each residents. At the time of inspection, the full complement of staff were in place. The majority of the staff team had been working in the centre for an extended period. This provided consistency of care for each of the residents. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role. There was a staff training and development policy. A training programme was in place and coordinated centrally. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. The Inspector reviewed the Schedule 2 information which the provider submitted for the person in charge. These documents

demonstrated that the person in charge had the required qualifications and experience relevant for the role. She was in a full time position and was not responsible for any other centre. The person in charge presented with a good knowledge of the requirements of the regulations and demonstrated good oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of residents. The full complement of staff were in place at the time of inspection. The inspector reviewed the rosters for the preceding two month period to the inspection date. These demonstrated that there were adequate numbers of staff on duty to meet residents' needs. The majority of the staff team had been working in the centre for a prolonged period. This meant that there was consistency of care for the residents and enabled relationships between the residents and staff to be maintained. The inspector noted that the residents' needs and preferences were well known to staff met with, and the person in charge on the day of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. The inspector reviewed the training matrix and found that staff had attended all training deemed as mandatory by the provider in areas such as fire safety, safeguarding, manual handling, infection control and rights. Suitable staff supervision arrangements were in place. The inspector reviewed the supervision schedule and found that staff had received supervision in line with the provider's supervision policy. A staff member spoken with told the inspector that supervision with their manager was supportive for their role.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management structures and arrangements in place. The inspector reviewed the provider's annual review of the quality and safety

of the service and unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations. The inspector reviewed minutes of regular staff meetings and management meetings. It was evident that appropriate information was being shared across the team to ensure that staff had up to date information to carry out their respective roles. The inspector reviewed a sample of audits completed in the centre on a monthly basis. These included, health and safety checks, fire safety, medication, infection control and finance. There was evidence that actions were taken to address issues identified in these audits and checks.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the office of the chief inspector in line with the requirements of the regulations. The inspector reviewed records of all incidents occurring in the preceding three month period. Overall, there were low levels of incidents occurring in the centre.

Judgment: Compliant

Quality and safety

The residents appeared to receive care and support which was of a good quality, person centred and promoted their rights. It was noted that maintenance was required for some surfaces in the kitchen. However, a new kitchen and flooring had been ordered and was due for installation in early 2025.

The residents' well-being, protection and welfare was maintained by a good standard of evidence-based care and support. A personal support plan 'All about me and how to support me' document reflected the assessed needs of the individual resident and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. Residents communication needs were being met. In particular the needs of a resident with non verbal communication skills. This resident was observed to use facial expressions and vocalisations to communicate with the inspector and staff member caring for her. The inspector reviewed suitable communication support plans for each resident and communication aids such as picture boards were in place to support communication. An annual personal plan review had been completed in the last 12 months in line with the requirements of the regulations for each of the residents. There had also been a review of the valued social roles plan.

The health and safety of residents, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments and individual safety assessments for residents. These outlined appropriate measures in place to control and manage the risks identified. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving residents. This promoted opportunities for learning to improve services and prevent incidences. Overall, there were low levels of incidents reported in this centre. Suitable precautions were in place against the risk of fire.

There were procedures in place for the prevention and control of infection. Overall, areas appeared to be in a good state of repair. However, a small amount of worn paint was observed on some woodwork, the surface of some kitchen presses and a small area of the work top was broken in areas and the surface of the hob was worn. This meant that these areas could be more difficult to effectively clean from an infection control perspective. The provider had completed risk assessments and a COVID-19 organisational strategy, contingency and outbreak plan in place which was in line with the national guidance. A cleaning schedule was in place which was overseen by the team leader and person in charge. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Specific training in relation to infection control arrangements had been provided for staff.

Regulation 17: Premises

The centre comprised of a two storey, five bed-roomed bungalow which was found to be homely, suitably decorated and overall in a good state of repair - See Regulation 27 below regarding some worn surfaces in the kitchen. The house was found to be a suitable size and layout for the four residents. Each of the residents had their own bedroom which the inspector observed they had personalised according to their individual tastes and preferences.

Judgment: Compliant

Regulation 26: Risk management procedures

The health and safety of residents, visitors and staff were promoted and protected. The inspector reviewed environmental and individual risk assessments and safety assessments on file which had recently been reviewed. There were a schedule of checklists regarding health and safety, fire and risk which were completed on a monthly basis. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. The inspector reviewed a

record of all incidents and accidents in the centre in the preceding six month period. Overall, there were a low number of incidents in the centre. These were reviewed by the person in charge and where required, learning was shared with the staff team and risk assessments were updated to mitigate against any reoccurrence.

Judgment: Compliant

Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. However, the surface of some kitchen presses and a small area of the work top was broken in areas and the surface of the hob was worn. This meant that some areas could be more difficult to effectively clean from an infection control perspective. It was reported that a new kitchen and flooring was ordered and due to be installed in early 2025.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable precautions had been put in place against the risk of fire. Self closing devices had been installed on doors. There were adequate means of escape and a fire assembly point was identified to an area to the front of the house. A procedure for the safe evacuation of the residents was prominently displayed. Personal emergency evacuation plans, which adequately accounted for the mobility and cognitive understanding of individual residents were in place. Fire drills involving the residents had been undertaken at regular intervals and it was noted that the centre was evacuated in a timely manner. There was documentary evidence that the fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a personal support plan 'All about me and how to support me' document for each of the residents. These reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care

needs and choices. An annual personal plan review had been completed in the last 12 months in line with the requirements of the regulations.

Judgment: Compliant

Regulation 6: Health care

Each residents' health care needs appeared to be met by the care provided in the centre. Each of the residents had their own GP who they visited as required. Records of all attendances were kept and reviewed by the inspector. A healthy diet and lifestyle was being promoted for each resident. Specific diet requirements for one of the residents were being supported with specific food items being purchased and stored separately for this resident. Information on healthy eating was observed to be on display on a notice board in the kitchen. The inspector reviewed emergency transfer sheets with pertinent information for each resident, should they require emergency transfer to hospital.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional and behavioural support. Staff were observed to support a resident to talk through matters which were of concern to them regarding their Christmas shopping in a calm and supportive manner. None of the residents living in the centre were identified to present with behaviours that challenge. There were no restrictive practices in use in this centre.

Judgment: Compliant

Regulation 8: Protection

The inspector found that there were measures in place to protect the residents from being harmed or suffering from abuse. There had been no allegations or suspicions of abuse in the preceding period. The provider had a safeguarding policy in place and the person in charge and a staff member spoken with was aware of safeguarding procedures.

Judgment: Compliant

Regulation 9: Residents' rights

The residents' rights were promoted by the care and support provided in the centre. The residents had access to the national advocacy service and information about same was available for residents in the residents guide. One of the residents living in the centre was a member of a national advocacy group. This resident and one other resident were also a member of the provider's advocacy group. As part of their role, these residents attained the views of the other residents in this centre and across the service, which they presented to the committee. There was evidence of active consultations with each resident and their families regarding their care and the running of the centre. The provider had a rights coordinator in place and their contact details were available for residents. There was a compliant policy in place. There had been no recorded complaints in the preceding six month period. On the day of this inspection, the inspector observed staff to interact with the residents in a respectful and supportive manner.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for DCL-05 OSV-0005869

Inspection ID: MON-0036868

Date of inspection: 04/12/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: A new kitchen and flooring has been ordered and an installation date for February 2025 has been scheduled.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	28/02/2025